







CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Cal - MMET

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: MH08030240 DATE OF SITE VISIT: 5/18/10
2. GRANT PERIOD: 10/1/08 - 6/30/2010
3. RECIPIENT/IMPLEMENTING AGENCY:
Merced County Sheriff's Office
4. PROJECT DIRECTOR:
Thomas Cavallero - undersheriff

PERSONS INTERVIEWED DURING SITE VISIT:


<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
	<u>DEPUTY</u>	<u>MCSO</u>
	<u>DIRECTOR ADMIN SVCS</u>	<u>MCSO</u>
	<u>E/H CST</u>	<u>MCSO</u>
	<u>DEPUTY</u>	<u>MCSO</u>
	<u>SERGEANT</u>	<u>MCSO</u>
		


Signature of Program Specialist

5/18/10
Date


Signature of Section Chief

8/11/10
Date


Signature of Project Representative

5/18/10
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required Fidelity Bond Certificate? *[R.H. Section 2161]* Does not apply to state, city, or county units of government.
- Does the certificate show:
 - Bonding company's name
 - Bond number
 - Description of coverage
 - Amount of coverage (50% of allocation)
 - Bond period
 - Grant award number
 - Form A, Employee Dishonesty
 - Form B, Forgery Coverage
 - Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have its CEQA documentation on file?(Ask to view)
 - Certified Exempt
 - Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

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Comments:

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

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Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

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A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file
 - Job application
 - Resume
 - Performance evaluations
 - Salary rates
 - Benefits
 - Current job duties/descriptions
 - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
 - Name of individual who approves purchases.
Sgt. [redacted]
 - Name of individual who writes checks.
Auditor
 - Name of individual(s) who signs checks.
Auditor

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

10. SOURCE DOCUMENTATION-Fiscal /R. H. Section 11000/

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

In the future, Please Contact your Specialist towards the last quarter of the grant if you feel you will have excess funds by the end of the grant period.

12. MATCH REQUIREMENTS

- | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|
| • Does the project have a match requirement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

13. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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Comments:

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

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Comments:

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

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Comments:

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

Drug Enforcement Section

Anti-Drug Abuse (ADA) Enforcement Team Program

California Multi-Jurisdictional Methamphetamine (Cal-MMET) Enforcement Treatment Program

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project (attach additional pages as necessary). | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|--------------------------|-------------------------------------|

Comments:

The project funded Deputies work 100% on Cal-MMET.

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6. Does the project have on-file the following documentation supporting the: | | | |
| o Signed DEC Protocol MOU | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o ADA Steering Committee minutes signed by all required participants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Copy of all approved Grant Award Modifications/Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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7. Is the Task Force a combined ADA/Cal-MMET Team?

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If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:

SECTION III - ADDITIONAL COMMENTS:

NOTES: